

ADVANCED COURTROOM PERSUASION

With Joshua Karton

Saturday, September 16, 2006

Indianapolis Hilton North

TOPICS:

This conference is an intensive small group workshop in which participants will work exclusively on enhancing their trial communication skills. Enrollment is limited to 12. **All completed registration forms plus the total registration fee must be received by IPDC by September 8, 2006. No walk-in accepted.**

This is on a first come, first served basis. If you have any questions, please contact Teresa Campbell at (317) 232-2490.

PRESENTER:

Joshua Karton is President of Communication Arts for the Professional, located in Santa Monica, California. Josh is a specialist in teaching litigators how to apply personal communication skills and techniques of theater, film and television to the art and science of advocacy. Josh has taught for Gerry Spence's Trial Lawyer's College, the Institute for Criminal Defense Advocacy in San Diego, Western Trial Advocacy Institute in Wyoming, as well as NITA, the JAG Corps, ATLA, the ABA, and trial advocacy programs in over a dozen states.

CLE CREDIT:

This program qualifies for up to **6-8 hours** of CLE credit.

• DATE • PRICE • PLACE •

Time: 9:00 a.m. to 7:00 p.m. (lunch provided)

Fees: Public defenders and Criminal defense lawyers; **\$150 by September 8. (No Exceptions and no walk-ins)** Deadline for cancellation refund is *September 5*.

Place: Indianapolis Hilton North
8181 N. Shadeland Ave
Indianapolis, IN 46250
(317) 849-6668
Free Parking

- ☐ The guaranteed room rate is \$83.00. You need to reserve your room by Wednesday, **August 23**.
- ☐ This special room rate is for **Friday 9/15 only**.
- ☐ Please inform the reservationist that you are with the Public Defender Council when making your reservation.
- ☐ If you have problems, contact Teresa Campbell, Executive Assistant at (317) 232-2490.

You may also register at our website:

www.in.gov/pdc/general/register.html

Please detach and send with payment

Saturday, September 16, 2006

Name: _____ Attorney Number: _____

Business Phone: _____ Fax: _____

Address, City, State, Zip: _____

Email address: _____ Are you a vegetarian? __ Yes __ No

Any special diet? _____

(If licensed in another state): # _____ State: _____

Credit Card VISA OR MC _____ Expiration Date _____

Billing Address _____ CV Code _____

☐ I certify that I am a criminal defense attorney. _____

Signature

Mail this form to:

Indiana Public Defender Council
ATTN: REGISTRAR ACP
309 W. Washington, Ste. 401
Indianapolis, IN 46204-2725
Or Fax to: (317) 232-552